



The Commonwealth of Massachusetts
Department of Public Safety
DIVISION OF INSPECTION
OIL BURNER

Cashier's
Transaction Number

Application for Certificate of Competency as OIL BURNER TECHNICIAN or Apprentice Oil Burner Technician in
Accordance with Massachusetts General Law Chapter 148 section 10D

Application must be filled out in **ink** and accompanied by the non refundable processing fee.

Mail Application to: Department of Public Safety, 1 Ashburton Place, room 1301, Boston, MA 02108-1618
Attn: Cashier's Office

1. Choose the Grade of Certificate of Competency for which you are seeking to obtain:

Oil Burner Technician \$60 ☐ (\$40 license fee and \$20 non-refundable processing fee)

Apprentice Technician \$20 ☐ (\$20 non-refundable processing fee)

Check one: Group 1 ☐ Group 2: ☐ Group 3: ☐

2. Full Name: _____ Social Security Number: _____
(first name middle initial last name)

3. Home Address: _____
(Street) (City) (State) (Zip Code)

4. Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

5. Date of Birth: _____ Place of Birth: _____ Phone #: () _____

6. Name and Address of Employer: _____
Employer work number: _____

7. State full title of occupation: _____

8. Have you ever been examined for a Massachusetts Certificate of Competency? ☒ YES, date? _____ ☐ NO

Do you hold a Massachusetts Apprentice Oil Burner Technician Certificate? ☒ YES ☐ NO

If so, list license number: _____
License number License Grade Expiration date

APPLICANT MUST SIGN THEIR FULL NAME HERE, IN THE PRESENCE OF THE INSPECTOR WHO ADMINISTERS THE OATH

Signature of Applicant

Date

COMMONWEALTH OF MASSACHUSETTS, _____ County

The above applicant personally appeared and was examined by me and made oath that the statements contained in this application and

subscribed by them are true, this _____ day of _____, in the year 20 _____




Before me, _____ District Engineering Inspector

RESULTS: _____

EXPIRATION DATE: _____ LICENSE #: _____

CODE: _____

Experience

| | Type | Check | Number per year (average) | Brand Names of burners worked on |
|---------|---------------------------------|---|---------------------------|----------------------------------|
| Group 1 | Power Burners (#5 & #6 fuel) |  | Industrial Nozzle | |
| | | | Pre-heated | |
| Group 2 | Power Burners (#1 & #2 fuel) |  | Gun, high pressure | |
| | | | Gun, low pressure | |
| Group 3 | Gravity Feed |  | Rotary | |
| | | | Range | |
| | | | Space | |
| | | | Water heating | |
| | | | Central heating | |
| | | | <hr/> | |
| | | | (description) | |

8. I attended an oil burner course at (name of school) _____

9. I am also skilled in _____ License or degree held: _____

10. I use the following instruments and equipment: (name equipment you use in line provided)
- a. Tank and Tubing Test, when required _____
 - b. CO2 Analysis _____
 - c. Temperature Reading _____
 - d. Draft Reading _____
 - e. Smoke Testing _____

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief I have filed all State Tax Returns and paid all State Taxes required under Law.

Signature of Applicant

Date